



MANDATORY REPORTING FORM

Members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the College), their employers, other regulated health care professionals, and their business partners or associates have a legal obligation to report certain information to the relevant authorities.

This form has been developed to assist members of the College, their employers, facility operators, and other regulated health care professionals in filing a mandatory report.

Members of the College are also legally required to self-report certain information. For a detailed description of the self-reporting requirements and to learn more about mandatory reporting, please see the [mandatory reports webpage](#).

1. Mandatory report (type)

Indicate the type of mandatory report that you are submitting to the College. Please check the information that applies.

As a member of a College, you are required¹to report, if you believe that²:

A member of the College has sexually abused a patient

As a facility operator, you are required to report if you suspect any of the following³:

Sexual abuse of a patient by a member of the College

A member of the College is incompetent

A member of the College is incapacitated

As an employer, you are required to report⁴:

If you have terminated, suspended or revoked the privileges of a regulated health professional for reasons related to professional misconduct, incompetence and/or incapacity

If you have intended to terminate, suspend or revoke privileges of a regulated health professional for reasons of professional misconduct, incompetence and/or incapacity. However, the employee voluntarily exempted his privileges or resigned beforehand.

¹ Relevant sections of the *Regulated Health Professions Act, 1991* (sections 85.6.1 through 85.6.4).

² Section 85.1

³ Section 85.2

⁴ Section 85.5



2. Information of the individual submitting the report

Name (first and last):		
Business address:		
City/town:	Province:	Postal code:
Contact number:	Email:	
Regulated health profession you belong to (if applicable):		

3. Information of the CTCMPAO member being reported

Name (first and last):	Registration number (if available):	
Member's professional designation (R. TCMP, R. Ac and/or R. TCMP or R. Ac): <input type="checkbox"/> R. TCMP, R. Ac <input type="checkbox"/> R. TCMP <input type="checkbox"/> R. Ac		
Business address:		
City/town:	Province:	Postal code:
Contact number:	Email:	



4. Information regarding facility operator & employer (if applicable)

Name of clinic:	
Address:	
City/town:	Province:
Contact number:	Email:
Name of contact person:	
Position of contact person:	Employment status:
Date CTCMPAO member was hired:	Date of termination or resignation:

5. Details of the mandatory report

Act/omission/conduct being reported: (please include all relevant information):
Description of facts surrounding occurrence:
Date(s) of occurrence (date of particular incident and/or time period if known. e.g., 2013-2014 etc.):



Location(s) of occurrence:

The nature of any injury, damage, detriment or loss that resulted from the conduct, act or omission:

Names, addresses and telephone numbers of all persons present:
(Note: Please do not provide the name of the patient if you have not received consent.)

Relationship to the CTCMPAO member you are reporting (if applicable):

6. Signature

By signing below, I understand that I am filing a mandatory report to the College.

Signature

Date

Please fill out and send the completed form to:

Email: conduct@ctcmpao.on.ca (please include "Mandatory Report" in the subject line).

Mail: Registrar c/o Professional Conduct Department

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

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